



SCOTTSDALE POLICE DEPARTMENT

Background Questionnaire

NAME: _____

Position applied for: _____

Please print all responses neatly and legibly

FOLLOW THE DIRECTIONS CAREFULLY

1. Personally complete this packet. Information must be hand printed in ink.
2. Read each question carefully.
3. Answer each question completely and accurately.
4. If a question does not apply, write "DNA" in the space.
5. If you need additional space, use supplemental pages in Section 13.
6. Include complete addresses and phone numbers.
7. Sign all required pages of the questionnaire and have them notarized.
8. Return the completed packet to the Scottsdale Police Department Personnel Unit, by the due date listed on the outside of the background questionnaire envelope. Return packet to:

SCOTTSDALE POLICE DEPARTMENT
Personnel Unit
8401 E. Indian School Road
Scottsdale, AZ 85251

NOTICE:

Failure to follow instructions will delay the background process or eliminate you from further processing. An incomplete or sloppy packet will be rejected. Packets returned to any other work unit, other than the Personnel Unit, could result in your disqualification for the position for which you applied.

CHECK-OFF LIST OF ITEMS NEEDED FOR BACKGROUND

Submit *WITH* your background packet:

Credit Report
Work Related Items – performance evaluations, letters of commendation / discipline, etc.
Memorandum Regarding: Intent and Interest in the position applied for.
Memorandum Regarding: What you have done to prepare for the position.
Memorandum(s) Regarding: Any criminal incident or special issue (if applicable).
AZPOST Personal History Form (Police Officer Applicants ONLY)
Address Labels for the Five (5) Personal References
Address Labels for <i>All</i> Past and Current Employer(s)

Bring with you at the time of your background interview:

(Please do not hold off submitting your background packet waiting for these items)

	Birth Certificate <i>Original</i>
	Naturalization / Right to Work Papers <i>Original</i>
	Social Security Card <i>Original</i>
	Drivers License / State Identification Card <i>Original</i>
	Military Discharge - DD214, page 4 <i>Original</i>
	Other Military Paperwork
	Name Change Documents <i>Original</i>
	Marriage Certificate (s)
	Divorce Decree (s)
	High School Transcript <i>Original & Sealed</i>
	College Transcript (s) <i>Original & Sealed</i>
	Other items:

Contact Sue Sola at 480-312-1931 (ssola@scottsdaleaz.gov) if you have questions.

TERMS AND CONDITIONS

To the applicant:

- **I understand** a City of Scottsdale Police Department investigator will conduct an extensive background investigation into my personal history.
- **I understand** I will not receive, and I am not entitled to, a copy of the background investigation or knowledge of its contents.
- **I understand** the contents of the background questionnaire and the findings of the investigation are confidential and will be used in the evaluation process for employment with the City of Scottsdale or other agencies upon receipt of a signed release.
- **I understand** I will be **required to take a polygraph examination and psychological assessment**. I may also be required to take a medical examination if required for the position applied.
- **I understand** no documents submitted by me will be returned and no copies of reports or documents utilized for or during the employment process will be furnished or given to me.
- **I understand** if I am not selected for employment, I will not be advised of the reason.
- **I understand** I will need to bring and show the background investigator the following documents at **the time of the background interview**: original birth certificate (Bureau of Vital Statistics copy), Naturalization Papers, Driver's License or State Identification card (if applicable), Social Security card, Military Discharge DD 214 (member 4), Marriage License, Divorce and / or Name Change documents, Credit Report, and any other documents necessary to complete the Background process. **Do not send the original documents listed above with the background questionnaire. Bring them with you at the time of your background interview for review by the background investigator.**
- **I understand** the background investigator will make photocopies of these documents and return the original items to me. The background investigator will retain the photocopies of these documents.
- **I understand** I will need to bring and give to the background investigator original (sealed) High School and College transcripts to the background investigator at **the time of the background interview**.
- **I understand** I must provide **COMPLETE** and **ACCURATE** written explanations where required.
- **I understand** the existence of any of the conditions listed on page 3 & 4 of this packet may result in my rejection from the selection process.

REFER TO PREVIOUS PAGE OF THIS QUESTIONNAIRE FOR ADDITIONAL BACKGROUND REQUIREMENTS.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE PERSONNEL UNIT FOR CLARIFICATION.

I have read, understand and agree to the aforementioned conditions and criteria outlined above.

Signature

Date

DISQUALIFIERS

Place a "Y" for YES or "N" for NO, which ever is applicable, in the boxes to the left of each numbered statement below:

- ☐ 1. Participated in the commission of any felony offense or an offense that would be a felony, if committed in Arizona.
- ☐ 2. Participated in any serious crime.
- ☐ 3. Convicted of a domestic violence crime or a lesser charge, which at the time of its occurrence was a domestic violence crime, misdemeanor, or felony.
- ☐ 4. Any other conduct or pattern of conduct that would tend to disrupt, diminish or otherwise jeopardize public trust in the law enforcement profession.
- ☐ 5. Unlawful sexual conduct.
- ☐ 6. Any conviction (either misdemeanor or felony) involving narcotics, drugs, marijuana, or alcohol.
- ☐ 7. Sold, produced, cultivated or transported marijuana or illegal dangerous drugs/narcotics.
- ☐ 8. More than five illegal lifetime uses, or more than one use after attaining the age of 21, or any illegal use within the last seven (7) years, of opiates, narcotics, hallucinogens, and/or other dangerous drugs. (To include, but not limited to, LSD, PCP, peyote, mescaline, codeine, heroin, morphine, opium, psilocybin, cocaine, hash, speed, barbiturates, and designer drugs).
- ☐ 9. Marijuana use of more than 20 lifetime uses (experimentations) or, more than five (5) uses after attaining the age of 21, or used within the last three (3) years.
- ☐ 10. Have/had a pattern of abusing prescription medication.
- ☐ 11. Used non-prescription steroids on or after January 1, 1994.
- ☐ 12. Any excessive use of alcohol.
- ☐ 13. Any history of disregard for traffic laws with such frequency as to indicate disrespect for traffic laws and a disregard for the safety of other persons on the highway.
- ☐ 14. Negligence in maintaining financial responsibility.
- ☐ 15. Been dishonorably discharged from the United States armed forces.

PLEASE CONFIRM THAT YOU HAVE READ, UNDERSTOOD, AND PROVIDED TRUTHFUL RESPONSES TO THE ABOVE STATED DISQUALIFIERS BY SIGNING BELOW:

Signature

Date

DISQUALIFIERS (Continued)

- A. Lied during any stage of the hiring process, falsified any information on the application or background questionnaire.
- B. Have deceptive or unresolved responses to questions during the administration of a polygraph examination.
- C. Been previously employed with a law enforcement agency and since have committed or violated federal, state or city laws pertaining to criminal activity.
- D. Committed or violated federal, state or city laws pertaining to criminal activity while employed by a law enforcement agency.
- E. An inability to perform essential functions of the position.

PLEASE CONFIRM THAT YOU HAVE READ, UNDERSTOOD, AND PROVIDED TRUTHFUL RESPONSES TO THE ABOVE STATED DISQUALIFIERS BY SIGNING BELOW:

Signature

Date

1. PERSONAL DATA:

A) PERSONAL INFORMATION:

Last Name	First	Middle (full)
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home phone number	work phone number	cell phone number
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Current Address (Street & Number)	City	State	Zip
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Mailing Address other than above	City	State	Zip
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E-Mail Address

Height	Weight	Hair	Eyes	Date of Birth	Place of Birth
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Are you a citizen of the United States? Yes ☐ No ☐

Social Security Number	Driver's License Number and State
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If a Naturalized Citizen, List:

Location	Date	Naturalization Number
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LIST ALL NAMES YOU HAVE USED:

Full Name	Dates Used	Reason

1. PERSONAL DATA / Continued:

B) RESIDENCES:

List all residences since birth. Start with the most recent and work backwards, include dates:

ADDRESS (street & number)	City	State	Zip Code	From	To

IF NEEDED, PLEASE USE SUPPLEMENTAL PAGES AT THE END OF THIS QUESTIONNAIRE FOR ADDITIONAL INFORMATION. INDICATE ITEM NUMBER & LETTER i.e.: 2-B, 10-D, 11-N, etc.

C) List all persons you have lived with during the past (10) years, i.e.: spouse, ex-spouse, significant others, immediate relatives, roommates, etc. (Exclude children unless adult age):

Name	Address	City, State, Zip	10-digit phone number	Relationship

2. - RELATIONSHIPS

A) Status (circle one): Married | Single | Separated | Divorced | Widowed |

If married, complete the following:

Spouse's Full Name	Date of Birth	Spouse's Occupation
Spouse's Maiden Name		Other Names used by Spouse
Spouse's Address, if different from yours		

If prior marriages, complete the following:

1-Former Spouse's Full Name	Date of Birth	Occupation
Former Spouse's Maiden Name		Other Names Used by Former Spouse
Former Spouse's Address		
2-Former Spouse's Full Name	Date of Birth	Occupation
Former Spouse's Maiden Name		Other Names Used by Former Spouse
Former Spouse's Address		
3-Former Spouse's Full Name	Date of Birth	Occupation
Former Spouse's Maiden Name		Other Names Used by Former Spouse
Former Spouse's Address		

2. RELATIONSHIPS / Continued:

B) Children (Include all, biological, adoptive, step, etc.)

Child's Name	Date of Birth	Address (Complete)

C) ALIMONY – CHILD SUPPORT INFORMATION.

Are you obligated to pay alimony?

Yes ☐ **No** ☐

For Whom? _____

Docket Number	Court Name	Court Address (city, state, zip)
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Starting Date	Amount of Payment	Payments sent to
----------------------	--------------------------	-------------------------

Are you current with your payments? If no, provide reasons

Yes ☐ **No** ☐

**IF NEEDED, PLEASE USE SUPPLEMENTAL PAGES AT THE END OF THIS QUESTIONNAIRE FOR
ADDITIONAL INFORMATION. INDICATE ITEM NUMBER & LETTER i.e.: 2-B, 10-D, 11-N, etc.**

2. RELATIONSHIPS / Continued:

Are you obligated to pay child support?

Yes ☐ No ☐

For Whom? _____

Docket Number	Court Name	Court Address (city, state, zip)
---------------	------------	----------------------------------

Starting Date	Amount of Payment	Payments sent to
---------------	-------------------	------------------

Are you current with this payment? If no, provide explanation Yes ☐ No ☐

For Whom? _____

Docket Number	Court Name	Court Address (city, state, zip)
---------------	------------	----------------------------------

Starting Date	Amount of Payment	Payments sent to
---------------	-------------------	------------------

Are you current with this payment? If no, provide explanation Yes ☐ No ☐

For Whom? _____

Docket Number	Court Name	Court Address (city, state, zip)
---------------	------------	----------------------------------

Starting Date	Amount of Payment	Payments sent to
---------------	-------------------	------------------

Are you current with this payment? If no, provide explanation Yes ☐ No ☐

For Whom? _____

Docket Number	Court Name	Court Address (city, state, zip)
---------------	------------	----------------------------------

Starting Date	Amount of Payment	Payments sent to
---------------	-------------------	------------------

Are you current with this payment? If no, provide explanation Yes ☐ No ☐

Explanation: _____

IF NEEDED, PLEASE USE SUPPLEMENTAL PAGES AT THE END OF THIS QUESTIONNAIRE FOR
ADDITIONAL INFORMATION. INDICATE ITEM NUMBER & LETTER i.e.: 2-B, 10-D, 11-N, etc.

2. RELATIONSHIPS / Continued:

If you have additional Alimony and/or Child Support mandates, provide information below:

D) Family relationships. Excluding children, list all of your immediate relatives (i.e.: parents, siblings, “in-laws”)

Name	Relationship	Age	Street Address	City, State, Zip	Telephone

E) List the names and your relationship to any acquaintances employed by this department:

**IF NEEDED, PLEASE USE SUPPLEMENTAL PAGES AT THE END OF THIS QUESTIONNAIRE FOR
ADDITIONAL INFORMATION. INDICATE ITEM NUMBER & LETTER i.e.: 2-B, 10-D, 11-N, etc.**

3. REFERENCES:

A) List five (5) references who are responsible adults and who have known you for at least three years and with whom you have regular contact.

DO NOT LIST: relatives, employers, supervisors or roommates (current or former).

Name	Street	City, State	Zip	Home Phone Number
How long known?	Email Address	Occupation/Business		

Name	Street	City, State	Zip	Home Phone Number
How long known?	Email Address	Occupation/Business		

Name	Street	City, State	Zip	Home Phone Number
How long known?	Email Address	Occupation/Business		

Name	Street	City, State	Zip	Home Phone Number
How long known?	Email Address	Occupation/Business		

Name	Street	City, State	Zip	Home Phone Number
How long known?	Email Address	Occupation/Business		

4. EMPLOYMENT HISTORY:

List all places of employment and periods of unemployment, beginning with the present or most recent employer or period of unemployment and going backwards. If you worked in more than one position for any employer, list each separately. Include all positions you held: full-time, part-time, intern, volunteer, etc. List everything in proper sequence. Explain your reason for leaving an employer.

Do not omit any employer or period of unemployment.

A)

<i>Month/Year</i>	Name of Employer	Supervisor
From: _____	Employer Address	City
To: <i>Current</i> _____	State	Zip
	Work & Fax Phone #	
<i>Salary</i>		
Start: _____	Your Job Title – Describe your duties	
End: _____		
FT or PT: _____	Explain your reason for leaving	

B)

<i>Month/Year</i>	Name of Employer	Supervisor
From: _____	Employer Address	City
To: _____	State	Zip
	Work & Fax Phone #	
<i>Salary</i>		
Start: _____	Your Job Title – Describe your duties	
End: _____		
FT or PT: _____	Explain your reason for leaving	

C)

<i>Month/Year</i>	Name of Employer	Supervisor
From: _____	Employer Address	City
To: _____	State	Zip
	Work & Fax Phone #	
<i>Salary</i>		
Start: _____	Your Job Title – Describe your duties	
End: _____		
FT or PT: _____	Explain your reason for leaving	

4. EMPLOYMENT HISTORY (continued):

D)

<i>Month/Year</i>	Name of Employer	Supervisor			
From: _____	Employer Address	City	State	Zip	Work & Fax Phone #
To: _____					
<i>Salary</i>					
Start: _____	Your Job Title – Describe your duties				
End: _____					
FT or PT: _____	Explain your reason for leaving				

E)

<i>Month/Year</i>	Name of Employer	Supervisor			
From: _____	Employer Address	City	State	Zip	Work & Fax Phone #
To: _____					
<i>Salary</i>					
Start: _____	Your Job Title – Describe your duties				
End: _____					
FT or PT: _____	Explain your reason for leaving				

F)

<i>Month/Year</i>	Name of Employer	Supervisor			
From: _____	Employer Address	City	State	Zip	Work & Fax Phone #
To: _____					
<i>Salary</i>					
Start: _____	Your Job Title – Describe your duties				
End: _____					
FT or PT: _____	Explain your reason for leaving				

4. EMPLOYMENT HISTORY (continued):

G)

Month/Year

Name of Employer

Supervisor

From: _____

Employer Address

City

State

Zip

Work & Fax Phone #

To: _____

Salary

Start: _____

Your Job Title – Describe your duties

End: _____

FT or PT: _____

Explain your reason for leaving

H)

Month/Year

Name of Employer

Supervisor

From: _____

Employer Address

City

State

Zip

Work & Fax Phone #

To: _____

Salary

Start: _____

Your Job Title – Describe your duties

End: _____

FT or PT: _____

Explain your reason for leaving

I)

Month/Year

Name of Employer

Supervisor

From: _____

Employer Address

City

State

Zip

Work & Fax Phone #

To: _____

Salary

Start: _____

Your Job Title – Describe your duties

End: _____

FT or PT: _____

Explain your reason for leaving

4. EMPLOYMENT HISTORY (continued):

J)

<i>Month/Year</i>	Name of Employer		Supervisor		
From: _____	Employer Address	City	State	Zip	Work & Fax Phone #
To: _____					
<i>Salary</i>					
Start: _____	Your Job Title – Describe your duties				
End: _____					
FT or PT: _____	Explain your reason for leaving				

K)

<i>Month/Year</i>	Name of Employer		Supervisor		
From: _____	Employer Address	City	State	Zip	Work & Fax Phone #
To: _____					
<i>Salary</i>					
Start: _____	Your Job Title – Describe your duties				
End: _____					
FT or PT: _____	Explain your reason for leaving				

L)

<i>Month/Year</i>	Name of Employer		Supervisor		
From: _____	Employer Address	City	State	Zip	Work & Fax Phone #
To: _____					
<i>Salary</i>					
Start: _____	Your Job Title – Describe your duties				
End: _____					
FT or PT: _____	Explain your reason for leaving				

IF NEEDED, PLEASE USE SUPPLEMENTAL PAGES AT THE END OF THIS QUESTIONNAIRE FOR
ADDITIONAL INFORMATION. INDICATE ITEM NUMBER & LETTER i.e.: 2-B, 10-D, 11-N, etc.

4. EMPLOYMENT RELATED QUESTIONS:

Give details/explanations on supplemental pages at the end of this section

- A) Have you ever applied to, or been employed by, the City of Scottsdale in any capacity as a paid employee or volunteer? If a position was not offered or accepted, provide an explanation. If a position was offered, provide the position title, department in which the position is located, and when offered or accepted. Yes ☐ No ☐
- B) Have you ever applied for any position with another law enforcement agency? If YES, provide the below requested information. Yes ☐ No ☐

DATE	AGENCY NAME & STATE	POSITION	STATUS OF APPLICATION

- C) If known, provide the person's name, agency name, person's title and telephone number of the contact person or background investigator assigned to the above processes.

NAME	AGENCY NAME	TITLE	TELEPHONE NUMBER

4. EMPLOYMENT RELATED QUESTIONS (continued):

- D) Have you ever been a volunteer or paid employee of a law enforcement agency? If yes, complete the information requested below and the Law Enforcement Section at the end of this questionnaire. Yes ☐ No ☐

DATES	AGENCY NAME & STATE	POSITION	JOB DUTIES

- E) Have you ever served in the Army, Navy, Marine Corps, Air Force, Coast Guard, R.O.T.C. (including Reserves or National Guard) or any other military or semi-military organization? If YES, complete the Military Section at the end of this questionnaire. Yes ☐ No ☐
- F) Have you registered with Selective Service? If NO, give details. Yes ☐ No ☐
- G) Are you currently employed? Yes ☐ No ☐
- H) Is your current employer / supervisor aware of this application? Yes ☐ No ☐
- I) Can you be contacted at work? Yes ☐ No ☐

Provide your work hours & days. _____

- J) What is your work phone number, including extension? _____
- K) What is the best time to contact you? _____
- L) Should contact with your present employer be delayed? If YES, give details. Yes ☐ No ☐
- M) In any employment setting, including the military service, have you received any verbal or written reprimands or suspensions for violations of company policy? If YES, give details. Yes ☐ No ☐
- N) Have you ever been discharged or asked to resign from any position? If YES, give details. Yes ☐ No ☐
- O) Have you ever left any employment because you thought that you were going to be discharged or asked to resign from any position? If YES, give details. Yes ☐ No ☐

- P) Have you ever taken a Polygraph for employment purposes or related to an employer request or any other reason? If YES, provide employer name, dates, reason, location and outcome. Yes ☐ No ☐

EMPLOYER NAME	DATE	REASON	LOCATION	RESULTS

- Q) Have you ever left any employment without giving a two-week notice? If YES, give details. Yes ☐ No ☐

- R) Have you had any difficulty working with, being supervised by or dealing with the opposite sex or those of different origin, race, religion, or nationality? If YES, give details. Yes ☐ No ☐

- S) Have you been able to follow direct orders, even though you may not have agreed with them? If NO, please explain. Yes ☐ No ☐

- T) Were you involved in any physical or verbal confrontations in any place of employment? If YES, give details. Yes ☐ No ☐

- U) Were you ever exposed to any high stress or extreme emergency condition in any previous employment setting? If YES, give details. Yes ☐ No ☐

EMPLOYMENT NARRATIVE SECTION

Item Number Explanation

4. EMPLOYMENT NARRATIVE SECTION (Continued)

[illegible]

IF NEEDED, PLEASE USE SUPPLEMENTAL PAGES AT THE END OF THIS QUESTIONNAIRE FOR ADDITIONAL INFORMATION. INDICATE ITEM NUMBER & LETTER i.e.: 2-B, 10-D, 11-N, etc.

5. EDUCATION AND TRAINING

- A) List all schools (high schools, colleges, universities, and graduate schools) you have attended. List GED, if applicable. Applicant is responsible for contacting each institution listed and have them mail a certified copy of your transcript directly to the Scottsdale Police Department, Personnel Unit, 8401 E. Indian School, Scottsdale, AZ 85251. Certified copies of transcripts will be accepted from applicant if they are in a sealed and certified envelope from the institution.

DATES ATTENDED	NAME OF INSTITUTION	ADDRESS	CERTIFICATE, DEGREE, CREDITS OR DIPLOMA RECEIVED AND MAJOR

- B) Have you ever received any law enforcement training? If YES, please Yes ☐ No ☐
complete the information requested below.

WHEN	WHERE	TYPE OF TRAINING

- C) List all skills, abilities, certifications, and special licenses you have (if fluent in a second language, please state the language and what you are fluent in, i.e.: verbal, written, reading):

6. ORGANIZATIONAL MEMBERSHIP

- A) Are you now or have you ever been a member of any foreign or domestic organization, association, movement group or combination of persons which has adopted or shows a policy of avocation or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or the State of Arizona, by unlawful or unconstitutional means? If YES, please explain. Yes ☐ No ☐

7. CRIMINAL HISTORY

Provide explanation for all "YES" answered questions on the narrative pages at the end of the section.

- A) Have you ever been arrested or charged with any crime or been issued a "Notice To Appear" Citation for a crime (other than minor traffic violations)? If YES, explain in detail, giving date, charges, charging agency, and disposition of charges. Yes ☐ No ☐
- B) As an Adult or a Juvenile, have you ever been detained or questioned as a result of an incident, event, investigation or occurrence by the police or private security? (Include all instances even though you never went to court.) If YES, please explain. Yes ☐ No ☐
- C) As an adult or a juvenile, have you ever committed any act (s) that could have resulted in your arrest, if you had been caught? If YES, please explain. Yes ☐ No ☐
- D) Have you ever used the internet to commit a crime (including the viewing of child pornography)? If YES, please explain. Yes ☐ No ☐
- E) Have you ever had sexual contact with a minor? If YES, please explain. Yes ☐ No ☐

7. CRIMINAL HISTORY / Continued:

F) Have you ever been convicted or charged with any offense or violation of any statute, ordinance, law, or regulation by any civil or military authority? (Includes any convictions or adjudications as a juvenile.) If YES, please complete the information below. Yes ☐ No ☐

Criminal Charges or Convictions:

DATE	CHARGE	POLICE AGENCY	CITY/COUNTY/STATE	DISPOSITION

G) Have you ever failed to comply with court directed fines, community service, diversions programs, or required attendance at classes? If YES, please explain. Yes ☐ No ☐

7. CRIMINAL HISTORY NARRATIVE SECTION:

Provide explanations for “YES” answers to Section 7 questions below.

[illegible]

IF NEEDED, PLEASE USE SUPPLEMENTAL PAGES AT THE END OF THIS QUESTIONNAIRE FOR ADDITIONAL INFORMATION. INDICATE ITEM NUMBER & LETTER i.e.: 2-B, 10-D, 11-N, etc.

8. DRIVING HISTORY

A) TRAFFIC CITATIONS:

DATE	CHARGE	POLICE AGENCY	CITY/COUNTY/STATE	DISPOSITION

B) TRAFFIC ACCIDENTS:

DATE	CHARGE	POLICE AGENCY	CITY/COUNTY/STATE	DISPOSITION

C) List all driver's licenses you currently hold:

State	License Number	Type/Class	Endorsements	Expiration

8. DRIVING HISTORY / Continued:

D) List all previous driver's licenses you have held (include other countries):

State	License Number	Type/Class	Endorsements	Expiration
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State	License Number	Type/Class	Endorsements	Expiration
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State	License Number	Type/Class	Endorsements	Expiration
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State	License Number	Type/Class	Endorsements	Expiration
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E) Have you ever had your license revoked or suspended? If YES, provide license information and please explain. Yes ☐ No ☐

State	License Number	Type/Class	Endorsements	Expiration
-------	----------------	------------	--------------	------------

Details

[illegible]

8. DRIVING HISTORY / Continued:

F) Have you ever attended a driver improvement school as a result of a traffic citation, or to dismiss the filing of a traffic citation? If YES, provide license information and please explain. Yes ☐ No ☐

Date	Location/Jurisdiction	What was the citation for?

G) Have you ever failed to comply with any traffic court directed fines, community service, diversions programs, or required attendance at classes? If YES, provide license information and please explain. Yes ☐ No ☐

IF NEEDED, PLEASE USE SUPPLEMENTAL PAGES AT THE END OF THIS QUESTIONNAIRE FOR ADDITIONAL INFORMATION. INDICATE ITEM NUMBER & LETTER i.e.: 2-B, 10-D, 11-N, etc.

9. NARCOTICS AND ALCOHOL

A) Answer each of the following questions for each substance you have used or tried contrary to law. (Experimentation includes, but is not limited to, smoking, swallowing, tasting, inhaling or injecting):

Type of Drug	Have you ever tried?	If “YES” how many times?	How many times after attaining 21?	Date first used	Date last used	Have you ever sold, smuggled, or transported for sale or personal gain?
Marijuana						
Hashish						
Cocaine / crack						
Methamphetamine/ speed / crank						
Heroin						
Opium						
Morphine						
LSD / acid						
Mushrooms						
PCP						
Peyote						
Mescaline						
Designer drugs						
Ecstasy / etc						
GHB						
Amphetamines						
Barbiturates						
Nitrous oxide						
Psycho toxics: glue / paint / etc.						
Steroids						
Any other illegal drug						
Illegal use of prescription drugs						

9. NARCOTICS AND ALCOHOL (Continued)

B) If you answered yes to any of the areas in section A, provide a full explanation below. Include the following:

- 1) How long the drug was ingested or consumed?**
- 2) The duration of usage.**
- 3) The motivation for use.**
- 4) How the drug was obtained?**
- 5) Why you stopped using the drug.**
- 6) Any other factors you believe are relevant.**

C) To your knowledge, has anyone in your family ever used narcotics illegally? If YES, please explain. Yes ☐ No ☐

D) To your knowledge, does anyone in your family or friends currently use narcotics illegally? If YES, please explain. Yes ☐ No ☐

E) Have you ever consumed alcohol or drugs on the job? If YES, please explain. Yes ☐ No ☐

F) Have you ever operated a motor vehicle while under the influence of alcohol or drugs to the point of impairment? If YES, please explain, giving the circumstances, number of times, approximate dates, and locations. Yes ☐ No ☐

Item Number Explanation

9. NARCOTICS AND ALCOHOL NARRATIVE SECTION

[illegible]

IF NEEDED, PLEASE USE SUPPLEMENTAL PAGES AT THE END OF THIS QUESTIONNAIRE FOR ADDITIONAL INFORMATION. INDICATE ITEM NUMBER & LETTER i.e.: 2-B, 10-D, 11-N, etc.

10. MISCELLANEOUS BACKGROUND QUESTIONS

A. Have you ever had your wages attached?	Yes	<input style="width: 40px; height: 20px;" type="text"/>	No	<input style="width: 40px; height: 20px;" type="text"/>
B. Have you ever been a party to a small claims or other court action?	Yes	<input style="width: 40px; height: 20px;" type="text"/>	No	<input style="width: 40px; height: 20px;" type="text"/>
C. Do you have any immediate civil actions pending against you?	Yes	<input style="width: 40px; height: 20px;" type="text"/>	No	<input style="width: 40px; height: 20px;" type="text"/>
D. Have you ever had a court judgment rendered against you?	Yes	<input style="width: 40px; height: 20px;" type="text"/>	No	<input style="width: 40px; height: 20px;" type="text"/>
E. Have you ever been delinquent in any of your financial obligations?	Yes	<input style="width: 40px; height: 20px;" type="text"/>	No	<input style="width: 40px; height: 20px;" type="text"/>
F. Have you ever been delinquent in paying taxes?	Yes	<input style="width: 40px; height: 20px;" type="text"/>	No	<input style="width: 40px; height: 20px;" type="text"/>
G. Have you ever been refused credit?	Yes	<input style="width: 40px; height: 20px;" type="text"/>	No	<input style="width: 40px; height: 20px;" type="text"/>
H. Have you ever had any of your financial obligations turned over to a collection agency?	Yes	<input style="width: 40px; height: 20px;" type="text"/>	No	<input style="width: 40px; height: 20px;" type="text"/>
I. Have you ever had any property repossessed?	Yes	<input style="width: 40px; height: 20px;" type="text"/>	No	<input style="width: 40px; height: 20px;" type="text"/>
J. Have you ever had any property or assets seized?	Yes	<input style="width: 40px; height: 20px;" type="text"/>	No	<input style="width: 40px; height: 20px;" type="text"/>
K. Have you ever filed for bankruptcy?	Yes	<input style="width: 40px; height: 20px;" type="text"/>	No	<input style="width: 40px; height: 20px;" type="text"/>
L. Are you now delinquent (not current) in your financial obligations?	Yes	<input style="width: 40px; height: 20px;" type="text"/>	No	<input style="width: 40px; height: 20px;" type="text"/>
M. Have you or your spouse ever been sued or summoned to court in a civil or criminal action?	Yes	<input style="width: 40px; height: 20px;" type="text"/>	No	<input style="width: 40px; height: 20px;" type="text"/>
N. Have the police ever been called to your residence for any reason other than your being a victim?	Yes	<input style="width: 40px; height: 20px;" type="text"/>	No	<input style="width: 40px; height: 20px;" type="text"/>
O. Have any relatives of you or your spouse ever been convicted of any crime or imprisoned?	Yes	<input style="width: 40px; height: 20px;" type="text"/>	No	<input style="width: 40px; height: 20px;" type="text"/>
P. Have you ever worked for a gambling operation or booked any bets?	Yes	<input style="width: 40px; height: 20px;" type="text"/>	No	<input style="width: 40px; height: 20px;" type="text"/>
Q. Do you now or have you ever had any gambling debts?	Yes	<input style="width: 40px; height: 20px;" type="text"/>	No	<input style="width: 40px; height: 20px;" type="text"/>
R. Have you ever used an employer's money to gamble with?	Yes	<input style="width: 40px; height: 20px;" type="text"/>	No	<input style="width: 40px; height: 20px;" type="text"/>
S. Have you ever used a credit card for gambling?	Yes	<input style="width: 40px; height: 20px;" type="text"/>	No	<input style="width: 40px; height: 20px;" type="text"/>
T. Have you ever had an FBI fingerprint check done for any reason?	Yes	<input style="width: 40px; height: 20px;" type="text"/>	No	<input style="width: 40px; height: 20px;" type="text"/>
U. Have you ever been involved in any type of sexual discrimination or harassment incident?	Yes	<input style="width: 40px; height: 20px;" type="text"/>	No	<input style="width: 40px; height: 20px;" type="text"/>

10. MISCELLANEOUS BACKGROUND QUESTIONS / NARRATIVE SECTION

[illegible]

IF NEEDED, PLEASE USE SUPPLEMENTAL PAGES AT THE END OF THIS QUESTIONNAIRE FOR ADDITIONAL INFORMATION. INDICATE ITEM NUMBER & LETTER i.e.: 2-B, 10-D, 11-N, etc.

11. LAW ENFORCEMENT EMPLOYMENT SECTION

This section must be completed if you have ever been employed in a paid or non-paid position with a law enforcement agency.

A) Provide information for any law enforcement training academy you have attended.

Date	Sponsoring Agency	Academy Location and Hours	Certified		Certification Status (Current, Expired, Revoked, etc.)
			Yes	No	

B) List all assignments held. Include long term TDY (temporary duty) assignments.

Agency	Assignment	Assignment Dates		Brief description of job duties of this assignment
		Start	End	

11. LAW ENFORCEMENT EMPLOYMENT SECTION (continued)

C) Please list all advanced officer training (including specialty training and certifications) you have attended.

Date	Class

D) Have you ever been the subject of a citizen's complaint resulting in disciplinary action being taken against you? If YES, please explain. Yes ☐ No ☐

DATE	CHARGE	DISPOSITION

11. LAW ENFORCEMENT EMPLOYMENT / NARRATIVE SECTION

[illegible]

IF NEEDED, PLEASE USE SUPPLEMENTAL PAGES AT THE END OF THIS QUESTIONNAIRE FOR ADDITIONAL INFORMATION. INDICATE ITEM NUMBER & LETTER i.e.: 2-B, 10-D, 11-N, etc.

12. MILITARY SERVICE SECTION

This section must be completed if you have served with a military employer in a paid or non-paid position.

- A) Have you ever served in the Army, Navy, Marine Corps, Air Force, Coast Guard, or R.O.T.C. (including Reserves or National Guard) or any other military or semi-military organization? If YES, please complete the information below

BRANCH/ORGANIZATION	ENTRY DATE	SEPARATION DATE	RANK	DISCHARGE TYPE

- B) List all Bases / Locations and assignments

BASE / LOCATION	DATES	ASSIGNMENT

- C) Were you ever questioned as part of a military criminal investigation? If YES, please explain

Yes ☐ No ☐

12. MILITARY SERVICE SECTION (continued)

D) Have you ever been the subject of military discipline pursuant to the Uniform Code of Military justice or any service regulation? If YES, please explain. Yes ☐ No ☐

DATE	CHARGE	DISPOSITION

E) Have you ever held any type of military/federal government security clearance? When? What type? Ever canceled / revoked? If YES, please explain Yes ☐ No ☐

12. MILITARY SERVICE / NARRATIVE SECTION

[illegible]

IF NEEDED, PLEASE USE SUPPLEMENTAL PAGES AT THE END OF THIS QUESTIONNAIRE FOR ADDITIONAL INFORMATION. INDICATE ITEM NUMBER & LETTER i.e.: 2-B, 10-D, 11-N, etc.

13. ADDITIONAL NARRATIVE PAGES

[illegible]

IF NEEDED, PLEASE USE SUPPLEMENTAL PAGES AT THE END OF THIS QUESTIONNAIRE FOR ADDITIONAL INFORMATION. INDICATE ITEM NUMBER & LETTER i.e.: 2-B, 10-D, 11-N, etc.

13. ADDITIONAL NARRATIVE PAGES (continued)

[illegible]

IF NEEDED, PLEASE USE SUPPLEMENTAL PAGES AT THE END OF THIS QUESTIONNAIRE FOR ADDITIONAL INFORMATION. INDICATE ITEM NUMBER & LETTER i.e.: 2-B, 10-D, 11-N, etc.

14. ITEMS NEEDED FOR BACKGROUND

Applicant will need to submit the following items with background packet:

- **AZPOST Personal History Form (Police Officer Applicants *ONLY*)**
- **Additional items:** current credit report, copies of any / all written performance evaluations, letters of commendation, letters of reprimand / discipline, performance improvement notices / plans, specialized training information, certificates, awards etc.
- **Memorandum regarding: “Intent and Interest” in the position you are applying for with the City of Scottsdale. Each topic should be addressed through a one-paragraph response. Topics to be addressed in this memorandum are:**
 - **Why you want to become a...(the position you are applying for: police officer, dispatcher, detention officer, etc.)**
 - **Why you selected the Scottsdale Police Department**
 - **Address the memorandum as follows:**

Date:	<i>Date memorandum was written</i>
To:	<i>Background Investigator</i>
From:	<i>Your name</i>
Regarding:	<i>My intent and interest in working for the City of Scottsdale as a (the position you are applying for.)</i>
- **Separate memorandums regarding the below itemized topics:**
 1. **What you have done to prepare for the position for which you are applying.**
 2. **Separate letters for each criminal incident or special issue (*credit issues, employment terminations, etc*)**

Applicant will need to provide to the background investigator the following items:
(Please do not hold off submitting your background packet waiting for these items)

- **Official (sealed) high school and college transcripts.**
- **Original birth certificate (Bureau of Vital Statistics copy), naturalization papers, driver’s license or state identification card (if applicable), social security card, military discharge (DD 214 pg. 4), marriage license, divorce and / or name change documents, and any other documents necessary to complete the background process.**

14. ACKNOWLEDGEMENT

I hereby certify that all answers to questions on this Background Questionnaire are true and complete. I further understand and agree that any falsification of information or material, any non-disclosure of information or any misrepresentation or deception may cause forfeiture on my part of all rights to any consideration for employment with the City of Scottsdale.

Signature of Applicant

Date

APPLICANT - READ AND SIGN ABOVE STATEMENT AND HAVE NOTARIZED

Signature of Applicant: _____ Date: _____

Sworn and Subscribed Before Me This _____ Day of _____, _____

By: _____

State of: _____ County of: _____

Signature of Notary Public: _____

15. RELEASE OF LIABILITY WAIVER

AUTHORIZATION FOR RELEASE OF INFORMATION

The below named individual has applied for a position of trust with the Scottsdale Arizona Police Department. He/She has listed you and/or your organization as an employer, personal reference or a jurisdiction where they have lived/worked or have had contact with on their background packet. Please complete the attached questionnaire and return it in a timely manner to the Scottsdale Police Department Personnel Unit. All responses are confidential. Your cooperation is greatly appreciated.

I, _____, DO HEREBY AUTHORIZE any and all persons, partnerships, corporations, and all civilian and government entities, military agencies, law enforcement agencies, private, City, County, State and Federal entities to release, furnish and exchange, any and all available information relating to me for the purpose of determining my suitability for law enforcement employment. This includes, but is not limited to, all information related to my employment, performance, disciplinary history, character, integrity, reputation, conduct, behavior, background and polygraph information. (This authorizes release of this information to the Scottsdale Police Department.)

This release is in addition to, and not intended to curtail or diminish the authorization and immunity provided by statute. I DO HEREBY RELEASE from any and all liability all persons or entities disclosing information pursuant to this release.

Full Name

Former Names

Date of Birth

Last 4 digits only of Social Security Number

Address

City

State

Zip Code

(_____) _____
Home Telephone Number

(_____) _____
Work Telephone Number

Signature of Applicant: _____ Date: _____

APPLICANT - READ AND COMPLETE ABOVE WAIVER AND HAVE NOTARIZED

Sworn and Subscribed Before Me This _____ Day of _____, _____

By: _____

State of: _____ County of: _____

Signature of Notary Public: _____